

## **Notice of Privacy Practices**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.*

### **How I Use Your Health Information:**

When you receive therapy from my office, I use your health information for treating you and conducting my typical business, known as health care operations. Examples include:

**Treatment:** I keep records of the care and services that I provide you. I use these records to deliver quality care to meet your needs. Confidential communications with me have additional restrictions. I will not disclose your private health information without your permission, except as allowed or required by law. Private health information means any information that identifies you, including information regarding your health care and treatment; identifiable information such as your name, age, or address, or other information that is maintained or transmitted in any form.

**Payment:** I keep billing records that include payment information and documentation of the services that I provide you.

**Health Care Operations:** I may use your health information to evaluate the quality of treatment and services that I provide. However, this information is not disclosed to others without your permission.

### **Allowed Disclosures:**

A few examples of specific uses and disclosures allowed without written consent are listed below:

- Appointment reminders (using your preferred communication method)
- Calling you by name in the waiting room
- Collaboration and supervision regarding your treatment
- Reporting information as required by law in situations of
  - Suspected child abuse or neglect, including children who witness domestic violence (mandatory reporting)
  - Suspected abuse or neglect of an adult who is unable to care for himself/herself
  - In legal proceedings against me
  - With an appropriately administered order by a judge (court subpoena)

All other uses and disclosures not described in this notice require the signed authorization of each and every person attending therapy for a particular case. You may revoke your authorization at any time with a written statement.

**Your Individual Rights:**

You have the right to request, in writing, restrictions on how I use and share your health information. I will consider all requests for restrictions carefully but am not required to agree to any restriction. Some examples include:

- That I use a specific telephone number or address to communicate with you.
- A copy of your health information. Under limited circumstances, I may deny you access to a portion of your health information and you may request a review of the denial. Examples include psychotherapy notes, information that is compiled in anticipation of or use in an action against me, and private health information that is subject to other state or federal laws that prohibit my release of such information.
- Corrections or additions to your health information.
- An accounting of certain disclosures of your health information made by me to others, excepting those situations for which you give authorization and some disclosures required or allowed by law.

**Privacy Promise:**

I understand that your personal health information is important. I promise to protect your health information as required and allowed by strict federal and state laws. I will follow the privacy practices that are described in this notice.

**Contact Me:**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that I have made about access to your health information, please contact me for more information ([emilyjardinetherapy@gmail.com](mailto:emilyjardinetherapy@gmail.com) or (435) 932-0311). I will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.